

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3176AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MYSTIC HAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3421 CAMSORE POINT LAS VEGAS, NV 89129</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a re-State Licensure survey conducted in your facility on 3/20/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 6 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 5. Five resident files were reviewed and 6 employee files were reviewed. Two discharged residents file was reviewed.	Y 000		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 878	Continued From page 1  This Regulation is not met as evidenced by: Based on record review and interview on 3/20/09, the facility failed to ensure 1 of 5 residents received medications as prescribed (Resident #1).  Severity: 2      Scope: 1	Y 878		
Y 940 SS=C	449.2749(1)(g)(3) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.  This Regulation is not met as evidenced by: Based on record review on 3/20/09, the facility failed to perform an annual evaluation of a resident's ability to perform the activities of daily living on 2 of 2 residents residing in the facility longer than a year (Resident #2 and #3).	Y 940		

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Y 940	Continued From page 2	Y 940		
	Severity: 1 Scope: 3			
Y 944 SS=C	449.2749(2) Resident File / Discharge  NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.  This Regulation is not met as evidenced by: Based on record review and interview on 3/20/09, the facility did not provide proper documentation regarding a resident who had been discharged (Resident #6 and #7).  Severity: 1 Scope: 3	Y 944		

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